



**A World Council for Health Report
Overview of UNITED KINGDOM WHO Collaborating
Centres 23 January 2026**

Overview of UK WHO Collaborating Centres

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1. Executive summary

- 1.1. This overview describes a large network of collaborations between the World Health Organization (WHO) and partners in the United Kingdom (UK). These collaborations are two-way: the UK institutions not only work with WHO, they influence and shape WHO's health security agenda, while the WHO's agenda also affects UK policies and practices.
- 1.2. The overview summarizes currently active WHO Collaboration Centers (CCs). There are also 232 discontinued UK WHO CCs that are not included in this overview.
- 1.3. UK institutions currently hold 62 contracts with WHO as CCs. UK WHO CCs represent 7.4% of listed WHO CCs globally.
- 1.4. Half (31) of the currently active CCs are long-standing collaborations designated from 1954 to 2020. The other half are newly designated WHO CCs contracted since 2021.
- 1.5. There are 54 different subjects across the 62 WHO CCs. The scope is broad, ranging from infectious diseases, nursing education, and adolescent health, to climate change, oral health and healthy cities.
- 1.6. Some of the CCs have more than one subject listed. The most frequent subjects are research policy and development (12 mentions), health systems research and development (9 mentions), health information statistics, and health promotion and education (7 mentions each).
- 1.7. The UK Health and Security Agency (UKHSA) has contracts for 9 (15%) of the CCs. Other UK government institutions are involved in another 9 contracts (15%), including Public Health Scotland and Public Health Wales (2 contracts each). Universities are responsible for 43 contracts (69%), with one other institution being the Francis Crick Institute within its Worldwide Influenza Centre.
- 1.8. Influenza is the subject of three active CC contracts. This includes the above-mentioned Francis Crick Institute (UNK-271), designated in January 2016, along with Imperial College's MRC Centre for Global Infectious Disease Analysis (UNK-302) designated in April 2019, and UKHSA Vaccine Preventable Bacteria Section (UNK-336), designated in October 2025. Imperial College's Covid-19 modelling in 2020 became somewhat notorious in more recent years for being flawed¹.
- 1.9. Of the 27 Universities with at least one contract, 17 are members of the Global Research Intensive University Network (GRIUN).
- 1.10. Each CC has a "General Scope" which defines the deliverables. In 69% of cases, the scope is "Support WHO" or "WHO Request", suggesting that the WHO is driving the outcome.
- 1.11. Each CC has defined "Types of Activity". The most frequent are Product Development: guidelines, etc. (29 mentions), Training and Education (24 mentions), Research (23 mentions) and Supporting WHO in implementation of WHO programmes and activities at Country Level (19 mentions).

¹ <https://hansard.parliament.uk/commons/2022-01-18/debates/AB251DCA-8088-485C-BF49-3999C4EE9AC5/Covid-19ForecastingAndModelling>

- 1.12. The UK contributed 2.79% of the WHO budget in 2024-25². The UK WHO CCs represent a disproportionately large percentage of the global CCs – around 8% at the time of writing. This suggests that UK institutions may have a high level of influence in WHO product development, research and health policy in relation to COVID and beyond. It also suggests that the WHO policy and recommendations have significant implementational support in the UK, including training and education avenues.

² <https://open.who.int/2024-25/contributors/contributor>

2. Background

Context

- 2.1. The World Health Organisation (WHO) has designated Collaborating Centres (CCs) around the world. To best describe the purpose of the CCs, the following extract is taken from the WHO's own Guide for Collaborating Centres³:

"The World Health Organisation (WHO) often requires expert advice and engages in scientific or technical cooperation with other institutions. WHO CCs are institutions that have been solid WHO allies for years, helping WHO to implement its mandated work and achieve its current goals. WHO CCs cooperate with WHO on a diverse range of activities such as collecting data for a report, organising a meeting or developing a guideline.

The collaboration brings benefits to both parties. WHO gains access to top institutions worldwide and the institutional capacity to support its work. Similarly, institutions designated as WHO CC gain increased visibility and recognition by national authorities, and greater attention from the public for the health issues on which they work. The centres also gain opportunities to work together (e.g. sharing objectives, exchanging information, pooling resources and developing technical cooperation), particularly at the international level; and opportunities to mobilise additional and sometimes important resources from funding partners.

This win-win relationship between WHO and its collaborating centres makes a difference to public health globally. WHO encourages every designated institution to benefit as much as possible from this formal relationship."

- 2.2. The types of organisations designated as WHO CCs include universities, health ministries, regulatory agencies, national institutions and laboratories.
- 2.3. There have been concerns raised about significant private, corporate, financial and ideological interests influencing WHO policy and practice recommendations.^{4,5,6}

Aim and scope of the report

- 2.4. The scope of this report is to provide a factual overview of the current active UK CCs based on reports which have been extracted from WHO publicly available information. The intention is that WCH representatives in other countries will do similar exercises on the CCs in their countries as a basis to investigate the influence that individual states have on WHO policy and recommendations, and the influence that the WHO has on country and global governance.

³ https://cdn.who.int/media/docs/default-source/searo/research-policy/guide-for-collaborating-centres.pdf?sfvrsn=edf9faa9_2

⁴ <https://worldcouncilforhealth.substack.com/p/the-who-powered-by-bill-gates-how?>

⁵ Infertility: A Diabolical Agenda. <https://infertilitymovie.org/>

⁶ <https://open.substack.com/pub/worldcouncilforhealth/p/collaborating-centres-pathogen-labs?>

Source of information

- 2.5. The WHO has a database of all CCs from which reports can be extracted using various search criteria. The first download of all active UK CCs on which this report is based was extracted on 14 July 2025. The website address⁷ used at that time no longer links to the CC database and instead is linked to the WHO's home page.
- 2.6. The CC database is now accessed from another website "who.my.site.com" (address⁸), but the available information and the format of the reports have changed slightly. These changes are detailed further in this report where applicable.
- 2.7. Each UK CC has a reference number in the format UNK-xxx, e.g. Aston University School of Psychology is UNK-357. Throughout the report, where the CCs are mentioned, their reference numbers are included in brackets without the UNK prefix.

Next steps

- 2.8. The next steps in this project have still to be agreed but could include the following:
 - Detailed research into individual CCs
 - Detailed research into the workplans of individual CCs
 - Research into the funders of the CCs, particularly given the reference in the WHO Guide for CCs to the opportunity of mobilising resources from funding partners
 - Detailed research into WHO-commissioned subject areas

⁷ <https://apps.who.int/whocc/List.aspx?SFB60Mh8l/pyxJk3FI/EAw==>

⁸ <https://who.my.site.com/ecc/s/database-search>

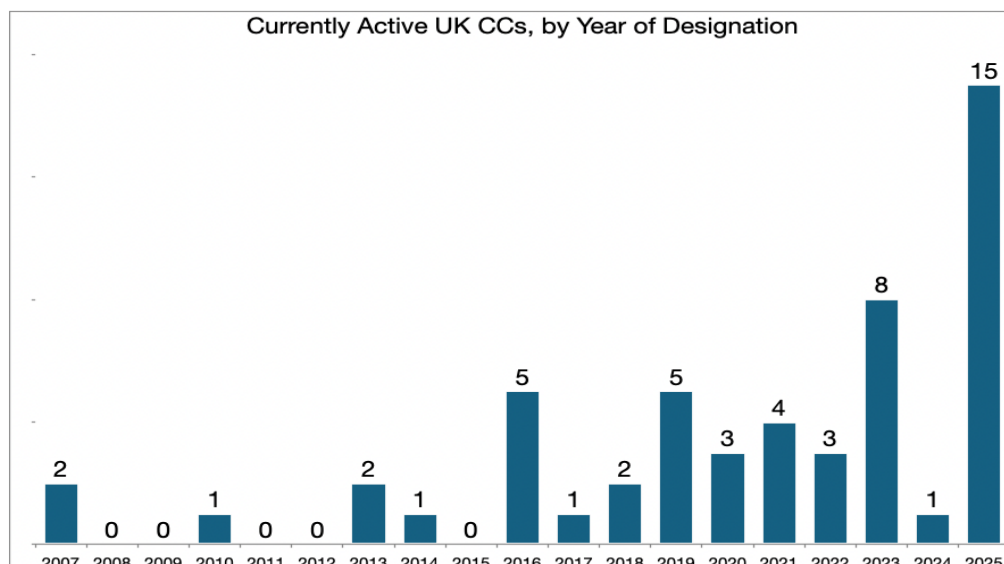
3. Overview of the Collaborating Centres

3.1. As of 20 November 2025, there are 62 'live' CCs in the UK. The WHO database provides the dates that the CCs were first designated, the most recent redesignation date and the expiry date of the current designation. The designation periods last for four years at a time. There will be CCs which were designated in the past, but which are now discontinued and not included in this report (232 CCs at the time of this report).

3.2. Of the CCs which are still operating and not discontinued, the first to be designated (showing the Institute name, department, number and inception date), are:

- MHRA, National Institute for Biological Standards and Control (NIBSC) (102), 1 January 1954
- UKHSA, London Antimicrobial Resistance and Healthcare Associated Infections Reference Unit (105), 1 January 1962
- UKHSA, Salisbury Virology and Pathogenesis Group; Rare and Imported Pathogens Laboratory (122), 14 February 1978
- Public Health Scotland, Place and Wellbeing Directorate (61), 1 October 1982
- University of Surrey School of Sustainability, Civil and Environmental Engineering (141), 1 November 1988

3.3. In the 1990s another four of the current CCs were designated in 1993 and 1995. The next of the active CCs was designated in 2007. The chart below shows the evolution of newly designated CCs since then:



3.4. The 31 new designations from 2021 to 2025 brought the total live CCs to 62, with 26 expirations in the same period. When the second source report was extracted on 20 November 2025, a further 12 CCs had been designated between April and October 2025 (included in the total of 62).

- 3.5. A full list of the UK CCs is set out in Appendix 1. There are 36 institutions holding the 62 contracts. The CCs have been grouped into the following four categories:
- Government agencies (8 institutions)
 - Members of Global Research Intensive University Network (GRIUN) (17 institutions)
 - Other universities (10 institutions)
 - Other organisations (1 institution)
- 3.6. Within each category, the CCs are listed alphabetically by institution name, with the number in brackets indicating the number of contracts for that institution. The contract numbers, institution departments and the name of each CC is also included.

4. WHO Terms of Reference, Subjects, Activities and Outputs

- 4.1. This section of the report provides a brief overview of the above areas as set out in the summary of information extracted from the WHO database for each CC.

Terms of reference

- 4.2. In the first database report extracted in July 2025, each CC had a list of its terms of reference (TOR) ranging from one to four items. In the second database report extracted in November 2025, the TOR are now described as the General Scope.
- 4.3. Where there is more than one item on the list of TOR the ordering has been changed for some of the CCs from the first database report to the second. Therefore, it is not clear if the items are listed in order of priority or importance, or why the ordering would have been changed.
- 4.4. As the TOR are specific to the subject matter of each CC, we do not go into any detail here. Instead, we have focused on the drivers of the TOR, looking at the nature of the work being done – i.e. by the WHO requesting outputs from the CC, or the CC feeding back to the WHO.
- 4.5. A summary of the TOR drivers is set out below, along with the number of times each driver appears amongst the CCs.

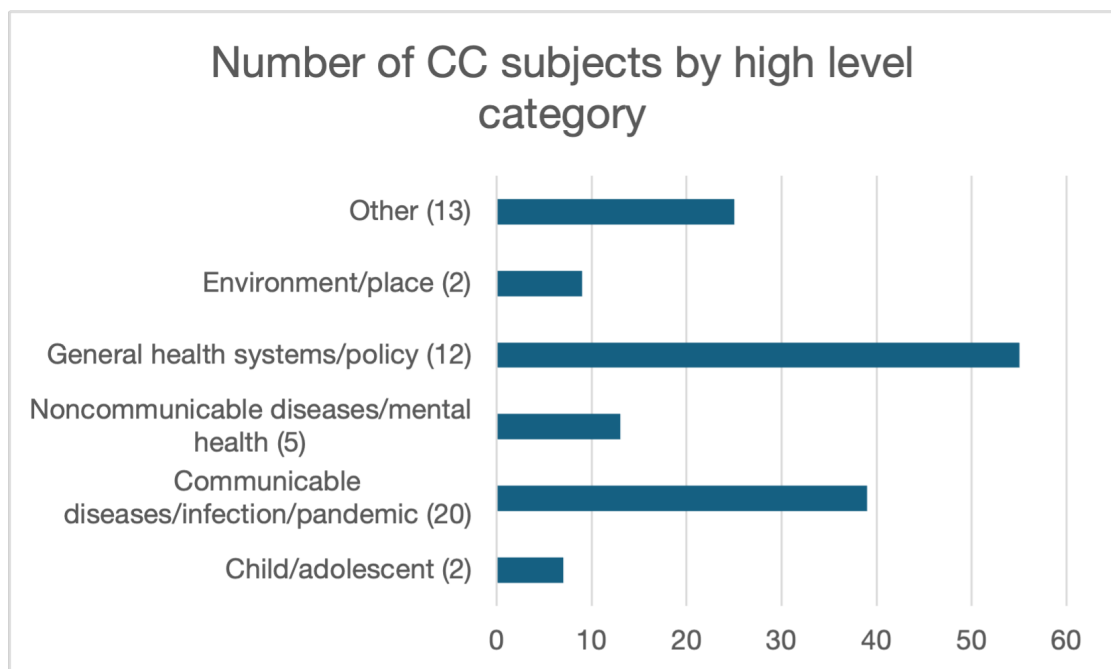
	Count
Assist WHO	24
Deliver training	2
Provide input to WHO	11
Provide platform to WHO	2
Support WHO	68
WHO Leadership	14
WHO Request	54
Work with WHO	1

- 4.6. The two most frequent TOR drivers are to “Support WHO” and to produce something by “WHO Request”, suggesting that the WHO is the main driver of the work in most cases.

Subjects

- 4.7. The subjects are the main categories of health covered by the work of the CCs. A full list of the subjects is set out in **Appendix 2**.
- 4.8. There are 54 different subjects across the 62 live CCs. Some of the CCs have more than one subject listed. The more frequent subjects are the more general subjects such as:
- Research policy & development (12 mentions)
 - Health systems research & development (9 mentions)

- Health information, statistics, measurement and trend assessment (7 mentions)
 - Health promotion and education (7 mentions)
- 4.9. Because the CCs appear to have been designated for their specific areas of expertise, most of the subjects appear only once or twice. This may be the reason for the recent increase in the number of CCs being designated – to get a greater coverage of different areas of health.
- 4.10. **Appendix 2** has the list of the subjects colour-coded into high level categories. The bar chart below shows the frequency of the subjects within each category, with the numbers in brackets being the number of subjects included in each category:



- 4.11. The subjects of the twelve newest CCs fall predominantly into the communicable diseases/infection/pandemic category and the general health systems/policy category, which are the two categories with the highest occurrences in the above chart.

Types of activity

- 4.12. The types of activity are general activities rather than health area specific. Similarly to the TOR, some of the CCs' types of activity changed from what was listed in the first database report in July 2025 to what was listed in the second database report in November 2025.
- 4.13. A full list of the types of activity is set out in **Appendix 3** based on the second database report extracted in November 2025, along with the number of times each activity appears across the population of CCs. There are 17 different types of activity, with the five most frequent being:
- Product development (guidelines, manual, methodologies, etc.) - appears 29 times
 - Training and education – appears 24 times
 - Research – appears 23 times

- Support WHO in the implementation of WHO programmes and activities at country level – appears 19 times
 - Collection and collation of information – appears 19 times
- 4.12. There were generally no more than three activities listed against each CC in the first report. However, in the second report, some of the activities are listed more than once, and there are three CCS which have multiple types of activity listed (Leeds University (311) six activities, UKHSA London (313) eight activities and Imperial College (302) seven activities).
- 4.13. It is interesting to note that the quote from the WHO Guide for CCs on page 1 of this report seems to downplay the importance of the types of activities of the CCs giving examples as “collecting data for a report, organising a meeting or developing a guideline”.

WHO Outputs

- 4.14. The WHO Outputs appear in the CC reports extracted from the database in July 2025, but they have been removed from the new format of report extracted in November 2025. Each WHO output has a reference number and a description, which suggests that they come from a wider list of Outputs. The nature of the WHO Outputs are along the lines of enabling countries to achieve a particular outcome from the work of the CC.
- 4.15. A full list of the Outputs is set out in **Appendix 4**. There are two Output references which have two different descriptions appearing against CCs. The description for 3.3.1 appears to have possibly been switched with the description for 3.1.2 for CC 286. The first description for 3.3.2 appears against just CC 294.

Examples of CC work

- 4.16. In **Appendix 5**, there is a brief overview of a small sample of CCs to give a flavour of the CCs’ involvement with other organisations and activities.

5. Conclusions

- 5.1. UK institutions currently hold 62 contracts with WHO as WHO CCs. The number of active UK WHO CCs increased by 5 during the COVID chapter in the period from 2021 to 2025, after accounting for expired designations, with a significant increase in 2025 of 15 new designations.
- 5.2. WHO CC activities extend far beyond the examples given in the WHO CC guide, which are collecting data for a report, organising a meeting or developing a guideline. The most frequently commissioned activities among UK WHO CCs currently are product development, training and education, research, supporting WHO in the implementation of WHO programmes and activities at country level, and collection and collation of information.
- 5.3. The most frequently contracted technical areas are research policy and development, health systems research policy development, health information, statistics, measurement and trend assessment, and health promotion and education.
- 5.4. The UK WHO CCs represent a disproportionately large percentage of the global CCs – around 8% at the time of writing. This suggests that UK institutions may have a high level of influence in WHO product development, research and health policy in relation to COVID and beyond. It also suggests that the WHO policy and recommendations have significant implementational support in the UK, including training and education avenues.
- 5.5. The scope of UK WHO CCs subjects is broad, ranging from infectious diseases, nursing education, and adolescent health, to climate change, oral health and healthy cities.
- 5.6. WCH volunteer groups in other countries should be encouraged to prepare similar reports to facilitate a greater understanding of the respective influence of the WHO and country institutions on one another and the global “health security” agenda at large.
- 5.7. Further WCH investigations into workplans, subject areas and more will require significant expertise and funding to facilitate due to the huge scope of work. Depending on interest and capacity, WCH Core team will consider setting up a mechanism for country team applications and briefings.

Acknowledgements

This World Council for Health report was prepared by volunteers David Abbott and Fiona Wood CA, based on extensive ground work by Lucinda van Buuren (WCH Nursing and Midwifery Coordinator), with input from Dr Tess Lawrie (Director, EbMC² CIC).

Overview of UK WHO Collaborating Centres: Appendix 1

Active UK WHO Collaborating Centres

The following is a list of all active UK WHO CCs as at November 2025.

Institution	Contract ID.	Department	Collaborating Centre for:
Government agencies			
Animal and Plant Health Agency	348	Department of Virology	One Health Operationalization in Rabies
Drinking Water Inspectorate	232	n/a	Drinking-water Safety
Health Education England	321	Directorate of Global Health Partnership	Human Resources for Health
MHRA	102	National Institute for Biological Standards and Control (NIBSC)	Standardization and Evaluation of Biologicals
NHS Digital Leeds	260	Information Standards	WHO Family of International Classifications (WHO-FIC)
Public Health Scotland (2)	61	Place and Wellbeing Directorate	Health Promotion and Public Health Development Place
	315	Population Health & Wellbeing Directorate	
Public Health Wales (2)	294	Policy and International Health	Investment for Health and Wellbeing
	353	Research, Data and Digital Directorate	Digital Health Equity
UK Health Security Agency (9)	336	Vaccine Preventable Bacteria Section	Haemophilus influenzae and Streptococcus pneumoniae
UK Health Security Agency	338	Directorate of Specialised Microbiology and Laboratories	Integrated surveillance of measles and rubella
UKHSA London	105	Antimicrobial Resistance and Healthcare Associated Infections Reference Unit	Reference & Research on Antimicrobial Resistance and Healthcare Associated Infections
UKHSA Salisbury	122	Virology and Pathogenesis Group; Rare and Imported Pathogens Laboratory	Virus Reference & Research (Special Pathogens)
UKHSA Cardiff	179	Chemicals and Toxicology Division Radiation, Chemicals and Environment	Public Health Management of Chemical Exposures
UKHSA Chiltern	275	Radiation Protection Science Division Radiation, Chemicals and Environment	Radiation Protection

Overview of UK WHO Collaborating Centres: Appendix 1

Institution	Contract ID.	Department	Collaborating Centre for:
UKHSA Salisbury	296	Biosafety, Air and Water Microbiology Group; Novel and Dangerous Pathogens Training	Applied Biosafety and Training
UKHSA London	313	Global Operations Health Protection Operations	Global Health Security
UKHSA London	332	Public Health Microbiology Division	Diphtheria and Streptococcal Infections
Members of Global Research Intensive University Network (GRIUN)			
Cardiff University (2)	276	School of Healthcare Sciences	Midwifery Development
	337	Division of Population Medicine	Patient Safety Learning and Improvement
Imperial College London (4)	215	Department of Primary Care and Social Medicine	Public Health Education and Training
	302	The MRC Centre for Global Infectious Disease Analysis	Infectious Disease Modelling
	319	Epidemiology and Biostatistics, Global Environmental Health Group, School of Public Health	NCD Surveillance, Epidemiology and Modelling
	355	Environmental Research Group	Environmental Risks and Health
Kings College London (3)	93	Institute of Psychiatry	Research & Training in Mental Health
	177	Dental Institute at Guy's, King's and St Thomas' Hospitals, Department of Oral Medicine	Oral Cancer and Precancer
	346	Cicely Saunders Institute of Palliative Care, Policy and Rehabilitation	Palliative Care and Rehabilitation
Leeds University	311	Nuffield Centre for International Health and Development	Research and Capacity Strengthening of Health Policy, Governance and Services
London School of Economics and Political Science	351	Global Surgery Policy Unit	Health Policy and Impact of Integrated Emergency, Critical, and Operative Care
Nottingham University	304	Centre for Mental Health and Human Rights, Institute of Mental Health	Mental Health, Disability and Human Rights

Overview of UK WHO Collaborating Centres: Appendix 1

Institution	Contract ID.	Department	Collaborating Centre for:
Queens University Belfast	316	Centre for Public Health	Research and training on complex systems and network science for NCD prevention and control
UCL Hospital Trust	295	Royal London Hospital for Integrated Medicine	Integrative Medicine
University College London (5)	300	Dental Public Health Group, Department of Epidemiology and Public Health	Oral Health Inequalities and Public Health
	310	Global Disability Innovation Hub Academic Research Centre, Department of Computer Science	research on assistive technology
	314	Psychobiology Group, Behavioural Science and Health, Institute of Epidemiology & Health	Arts & Health
	329	Institute for Global Health	Tuberculosis Research and Innovation
	347	UCL Centre for Digital Public Health in Emergencies (dPHE)	Digital Public Health and Pandemic Preparedness
University of Birmingham	352	Department of Applied Health Sciences	Integrated Emergency, Critical, and Operative Care
University of Edinburgh	246	Centre for Population Health Sciences	Population Health Research and Training
University of Exeter (2)	280	Centre for Medical History	Culture and Health
	301	European Centre for Environment and Human Health	Natural Environments and Health
University of Leeds	293	Nutritional Epidemiology Group, School of Food Science and Nutrition	Nutritional Epidemiology
University of Liverpool (2)	269	Department of Public Health and Policy, Institute of Psychology, Health and Society	Policy Research on Determinants of Health Equity
	286	School of Environmental Sciences, Department of Geography and Planning, Unit on Environmental Assessment and Management	Health in Impact Assessments
University of Oxford (3)	317	Centre for Tropical Medicine and Global Health, Nuffield	research information sharing, e-learning and capacity development

Overview of UK WHO Collaborating Centres: Appendix 1

Institution	Contract ID.	Department	Collaborating Centre for:
	323	Department of Clinical Medicine	Genomic Surveillance of AMR
	339	Centre for Genomic Pathogen Surveillance, Big Data Institute, Nuffield Department of Medicine Nuffield Department of Primary Care Health Sciences (NDPCHS)	The Promotion of Healthy and Sustainable Diets
University of West England, Bristol	333	Faculty of Environment and Technology	Healthy Urban Environments
University of York	253	Centre for Global Health Histories	Global Health Histories
Other Universities			
Aston University	357	School of Psychology	Public support for health policies
City St George's, University of London	356	Antibiotic Policy Group, Institute of Infection and Immunity	Antimicrobial Policy and Stewardship
Glasgow Caledonian University (2)	160	Department of Nursing and Community Health	Nursing and Multidisciplinary Rehabilitation
	328	School of Health and Life Sciences (GCU London Campus)	Sustainable Development of Child and Adolescent Health and Well-Being
Lancaster University	324	Center for Health, Informatic, Computing and Statistics (CHICAS)	Geostatistical methods for Neglected Tropical Disease Research
Liverpool John Moores University	216	Centre for Public Health	Violence Prevention
Liverpool School of Tropical Medicine	306	Centre for Evidence Synthesis in Global Health, Department of Clinical Sciences	Evidence in Global Health
London School of Hygiene and Tropical Medicine	299	Centre for Global Chronic Conditions	Health Systems and Chronic Conditions
London School of Hygiene and Tropical Medicine (2)	312	Centre on Climate Change and Planetary Health	Climate Change, Health and Sustainable Development
	331	Department of Clinical Research	Sexually Transmitted Infections
Stirling University	342	Institute for Social Marketing and Health	Alcohol Policy and Public Health Research

Overview of UK WHO Collaborating Centres: Appendix 1

Institution	Contract ID.	Department	Collaborating Centre for:
University of Surrey	141	School of Sustainability, Civil and Environmental Engineering	Protection of Water Quality and Human Health
Other organisations			
Francis Crick Institute	271	Crick Worldwide Influenza Centre	Reference and Research on Influenza

Overview of UK WHO Collaborating Centres: Appendix 2 WHO Subjects

The following is a list of all subjects in alphabetical order which appear against at least one CC, with the number of times each subject appears against a CC listed in the right-hand column:

	WHO subjects	Count
1	Adolescent health	2
2	Antimicrobial Resistance (AMR)	2
3	Bacterial diseases other than those specifically mentioned	5
4	Biological	1
5	Blood transfusion safety and blood products	1
6	Cancer	3
7	Cardiovascular diseases	1
8	Chemical safety	2
9	Child and maternal health	5
10	Classification of diseases	1
11	Communicable diseases other than spec mentioned	3
12	Diarrhoeal diseases and cholera	1
13	Disabilities and rehabilitation (excl. accident prevention)	3
14	Emergency and humanitarian action	4
15	Environmental health and hazards other than those specifically mentioned	6
16	Ethics	1
17	Health equity	6
18	Health information, statistics, measurement and trend assessment	7
19	Health legislation and human rights	2
20	Health promotion & education	7
21	Health systems research & development	9
22	Health technology (including lab services, excl. blood safety)	2
23	Healthy Cities	3
24	Human resources for health (excl. nursing)	2
25	Infection control	5
26	Influenza	2
27	Informatics and Telemedicine	1
28	Injuries; violence & accident prevention	2

Overview of UK WHO Collaborating Centres: Appendix 2

	WHO subjects	Count
29	Mental health and neurosciences	3
30	Neglected tropical diseases other than spec mentioned	1
31	Noncommunicable diseases other than spec mentioned	3
32	Nursing	3
33	Nutrition	4
34	Oral health	2
35	Patient safety	1
36	Pharmaceuticals (including essential drugs and medicines)	2
37	Physical activity	1
38	Rabies	1
39	Radiation	1
40	Reproductive health (excl. HIV/AIDS)	1
41	Research policy & development	12
42	Respiratory infections	2
43	Safety measures in microbiology	1
44	Sexually transmitted diseases (excl. HIV/AIDS)	1
45	Social determinants of health	6
46	Substance abuse (including alcohol & drugs)	1
47	Tobacco	1
48	Traditional medicine	1
49	Tuberculosis	1
50	Vaccines	3
51	Viral diseases other than those specifically mentioned	1
52	Viral haemorrhagic fevers	2
53	Water & sanitation	2
54	Zoonoses	2

Child/adolescent (2)
Communicable diseases/infection/pandemic (20)
Noncommunicable diseases/mental health (5)
General health systems/policy (12)
Environment/place (2)
Other (13)

Overview of UK WHO Collaborating Centres: Appendix 3

WHO Activities

The following is a list of all types of activity in alphabetical order from the most recent database version, which appear against at least one CC, with the number of times each activity appears against a CC listed in the right-hand column:

WHO activities amended	Count
Collection and collation of information	19
Coordination of activities carried out by several institutions (e.g. other WHO Collaborating Centres)	1
Development and application of appropriate technology	6
Evaluation	4
Information dissemination	11
Organization of events (e.g. conferences, summits)	3
Others	1
Outbreaks and emergencies	3
Product development (guidelines, manual, methodologies, tests, etc.)	29
Providing technical advice to WHO	17
Providing technical advice to WHO/training and education	1
Provision of reference substances and other services	4
Research	23
Research, Evaluation	1
Standardisation of terminology and nomenclature	1
Support WHO in the implementation of WHO programmes and activities at country level	19
Training and education	24

Overview of UK WHO Collaborating Centres: Appendix 4

WHO Outputs

The following is a list of all the WHO outputs which appear on the original database reports for the CCs:

Ref	WHO Outputs description	Count
1.1.1	Countries enabled to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential service packages	12
1.1.2	Countries enabled to strengthen their health systems to deliver on condition and disease specific service coverage results	10
1.1.3	Countries enabled to strengthen their health systems to address population-specific health needs and barriers to equity across the life course	6
1.1.4	Countries' health governance capacity strengthened for improved transparency, accountability, responsiveness and empowerment of communities	2
1.1.5	Countries enabled to strengthen their health and care workforce	5
1.3.1	Provision of authoritative guidance and standards on quality, safety and efficacy of health products, including through prequalification services, essential medicines and diagnostics lists	3
1.3.3	Country and regional regulatory capacity strengthened, and supply of quality-assured and safe health products improved	1
1.3.4	Research and development agenda defined and research coordinated in line with public health priorities	5
1.3.5	Countries enabled to address antimicrobial resistance through strengthened surveillance systems, laboratory capacity, infection prevention and control, awareness-raising and evidence-based policies and practices	2
2.1.1	All-hazards emergency preparedness capacities in countries assessed and reported	1
2.1.2	Capacities for emergency preparedness strengthened in all countries	5
2.1.3	Countries operationally ready to assess and manage identified risks and vulnerabilities	1
2.2.1	Research agendas, predictive models and innovative tools, products and interventions available for high-threat health hazards	3
2.2.2	Proven prevention strategies for priority pandemic/epidemic prone diseases implemented at scale	2
2.2.3	Mitigate the risk of the emergence and re-emergence of high-threat pathogens	3
2.3.2	Acute health emergencies rapidly responded to, leveraging relevant national and international capacities	1
3.1.1	Countries enabled to address social determinants of health across the life course	7

Overview of UK WHO Collaborating Centres: Appendix 4

Ref	WHO Outputs description	Count
3.1.2	Countries enabled to address environmental determinants of health, including climate change	3
3.2.1	Countries enabled to develop and implement technical packages to address risk factors through multisectoral action	4
3.3.1	Countries enabled to address environmental determinants, including climate change	6
3.3.1	Countries enabled to adopt, review and revise laws, regulations and policies to create an enabling environment for healthy cities and villages, housing, schools and workplaces	6
3.3.2	Global and regional governance mechanisms used to address health determinants and multisectoral risks	5
3.3.2	Countries supported to create an enabling environment for healthy settings	5
4.1.1	Countries enabled to strengthen data, analytics and health information systems to inform policy and deliver impacts	2
4.1.2	GPW 13 impacts and outcomes, global and regional health trends, Sustainable Development Goals indicators, health inequalities and disaggregated data monitored	1
4.1.3	Countries enabled to strengthen research capacity and systems, conduct and use research on public health priorities and scale effective innovations sustainably	4
4.2.6	"Leave no one behind" approach focused on equity, gender and human rights progressively incorporated and monitored	2

The shaded items are duplicates and anomalies as described in section 3.15.

Examples of UK WHO Collaborating Centres

A small sample of four Collaborating Centres were selected for a more detailed analysis.

UNK-296: Applied Biosafety and Training

Dr Christopher Logue is one of the Joint Heads. He is employed at the UK Health Security Agency, Porton Down. Review of his online biography showed that he works on the International Health Regulations (IHR) Strengthening Project. It was launched in 2016 with the aim of “[providing] expert technical assistance to selected countries and regions to improve their compliance with the [IHR]”. It is funded by the UK’s Department of Health & Social Care, UK’s Department for Environment & Rural Affairs, the UK’s Foreign & Commonwealth Development Office, and 8 other country and regional organisations in Africa and West Asia.

Logue is also a key expert on 3 European Union Chemical, Biological Radiological and Nuclear (CBRN) Risk Mitigation Centres of Excellence. One of these is Project 53: “Strengthening the National Legal Framework and Provision of Specialised Training on Biosafety and Biosecurity in Central Asian countries”. Again, the IHR is a focus. The project aims to “assist partner countries to harmonise national biosafety and biosecurity legal frameworks with the WHO’s IHR, Biological Weapons Convention, and Codex Alimentarius food safety laws”.

UNK-122 Virus Reference & Research (Special Pathogens)

UNK-122 is also a UKHSA Porton Down based CC. The terms of reference include “To support WHO in its function of alert and response to outbreaks of Emerging and Dangerous Pathogens of international importance, including outbreaks of Arboviruses, Viral haemorrhagic fever viruses, Poxviruses, Rickettsiae and hazard group 3 bacteria (including but not limited to Bacillus anthracis, Francisella tularensis, Yersinia pestis & other BT agents and related bacterial and viral zoonoses in hazard groups 2-4).”

Porton Down in Salisbury hosts two major British Government facilities – Defence Science & Technology laboratory, and UKHSA. Since 2018, selected private sector global corporations are hosted in Porton Science Park alongside defence and security companies and PR and commercialisation companies.

UNK-300 Oral Health Inequalities and Public Health

The Dental Public Health Group, Department of Epidemiology and Public Health University College London (UCL) was first designated in April 2019. Its website states that it will be working with the WHO on the forthcoming Global Oral Health Report.

The designation of this CC appears to be connected to the Lancet Commission on Oral Health being established, following publication of the Lancet Oral Health Series in July 2019. The Lancet Oral Health Series led by UCL highlights global health importance of oral diseases and recommends urgent need for oral health care system reform.

The TOR for the CC includes “To support WHO in strengthening the implementation of the Global Oral Health Strategy and Global Oral Health Action Plan (2022-2030)”. The action plan has been updated to run from 2023 to 2030⁹ and for each of the strategic objectives set out in the report, there are proposed actions for member states, the WHO secretariat, international partners, civil society organisations and the private sector.

⁹ <https://www.who.int/publications/i/item/9789240090538>

Therefore, the reach of the WHO appears to be in all aspects of society.

UNK-302 Infectious Disease Modelling

UNK-302 is based at Imperial College London. Its TOR are all at the request of WHO, and include the rapid analysis of urgent infectious disease problems, notably outbreaks and events of international concern, and technical assistance to WHO infectious disease programs including coordination of expertise in modelling and contribute to WHO information products

The CC was first designated in April 2019. Prof. Azra Ghani is the head of the WHO CC. She is listed on the Imperial College website as one of the principal investigators. Another notable investigator is Prof. Neil Ferguson, who came to public notice during Covid with his modelling.

Prof. Ghani's profile¹⁰ states that she has worked on a wide range of infectious diseases, including BSE and vCJD, sexually transmitted infections, SARS, COVID-19, influenza and malaria. She is currently a member of the Coalition for Epidemic Preparedness Innovations (CEPI) Scientific Advisory Committee and previously served on the WHO Malaria Policy Advisory Group and the Gavi Vaccine Investment Strategy Steering Committee. She is a Trustee for the Science Media Centre and was previously a Trustee for the international charity Malaria No More UK whose work she continues to support as a special advisor.

The Science Media Centre's mission¹¹ is to *"To provide, for the benefit of the public and policymakers, accurate and evidence-based information about science and engineering through the media, particularly on controversial and headline news stories when most confusion and misinformation occurs"*. Its priorities include working with journalists and providing them with information about science and its related disciplines; making it easier for them to get access to the best science and scientists when science stories are making the headlines.

¹⁰ <https://profiles.imperial.ac.uk/a.ghani>

¹¹ <https://www.sciencemediacentre.org/about-us/>